

**Supplemental Instructions
DFAS R&A Pay**

**DD Form 2866
Retiree Change of Address Request/State Tax Withholding Authorization**

When to use this form:

The DD Form 2866 is used when you need to change your current correspondence (mailing) address; change your current check address to a street address; and/or stop, start, or change State Income Tax Withholding (SITW).

To complete the DD Form 2866, please follow the instructions below. Please note that an incomplete DD Form 2866 will delay the processing of the changes to your account. Carefully read and complete all information as requested. If DFAS does not receive a valid DD Form 2688, important correspondence regarding your account could be delayed, your payment could be sent to the incorrect mailing address, or incorrect SITW deductions could be made from your account.

Instructions by Section

Part I – Identification Information & New Correspondence Address		
Section	Instructions	Reminders & Tips
1.	Member's SSN	Retiree's Social Security number
2.	Member's name	Retiree's full name
3.	New Correspondence Address: a. Other Address Information b. Number and Street or Route c. City and State d. Zip Code	a. Other applicable information: trustee information (for accounts with a Conservator/Legal Guardian): Ex. Care of (C/O); Attn: _____. b. New street number, street or route name, and apartment number (if applicable) c. New city and state d. New zip code (five- or nine-digit)
4.	New Check Address: a. Bank, Trustee Address Information, or Other b. Number and Street or Route c. City and State d. Zip Code	a. Bank name; other applicable information: trustee information (for accounts with a Conservator/Legal Guardian); Ex. Care of (C/O); Attn: _____. b. New street number, street or route name, and apartment number (if applicable) c. New city and state d. New zip code (five- or nine-digit)
Part II – State Income Tax Withholding Authorization		

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5.	Mark (X) in only ONE box below: a. I wish to start state income tax withholding from my payments for the state and monthly amount indicated below b. I wish to change my state and/or monthly amount for state tax withholding purposes as indicated below c. I authorize that state income tax withholding deduction from my pay be terminated	a. Check this box if you would like to start a new state income tax withholding deduction. Complete parts 5d and 5e. b. Check this box if you would like to change your state and/or monthly amount withheld. To change you current state, complete only part 5d. To change your current monthly amount, complete only part 5e. To change your current state and monthly amount, complete both parts 5d and 5e c. Check this box only if you wish for all SITW deductions to be terminated.
	d. State e. Amount of Withholding f. Member's Signature g. Date Signed	Please note that an unsigned form is considered invalid , cannot be processed and will be returned to the member. Forms without a date of signature are also invalid and will be returned .

Please return all documents to:

Defense Finance and Accounting Service
Retired and Annuitant Pay
P.O. Box 7130
London, KY 40742-7131

Please direct questions to the address above or call our customer service representatives at 800-321-1080, between 7:00 a.m. and 7:30 p.m. Eastern Standard Time, Monday through Friday.